

CHILDREN'S HABILITATION ASSESSMENT TOOL (CHAT) SCORING COMPLETION GUIDELINES (July 01, 2007)

This CHAT was developed to assess the degree of behavioral and functional challenges specifically in children and adolescents with Mental Retardation/Autism. The tool measures the level of functional challenge in three domains: Behavioral, Social Skills and Life Skills. All items are rated using a five-point scale from 0 (Never) to 4 (All of the Time). Separate functional domain scores are obtained by summing the individual item ratings for each domain. A total Functional Score is also generated by taking the sum of all items. Preliminary reliability testing demonstrated strong internal consistency reliability for each scale and for the Total scale (all items together). Inter-rater reliability assessed on a similar pilot instrument demonstrated that two raters appropriately trained on the instrument and with similar knowledge of the child generate consistent ratings. Pilot test findings indicated that Total CHAT scores (pilot instrument) were correlated to CALOCUS Functional Scale ratings, a measure of concurrent validity. The CHAT is easy to complete and designed to be administered with minimal training.

ADMINISTRATION:

Who completes the instrument?

The Children's Habilitation Assessment Tool (CHAT) is completed by the Case Manager, or DHHS CBHS Quality Improvement Specialist staff via an interview with the child/adolescent's parent/caregiver who is most involved in the treatment planning process.

How to complete the instrument?

Behavioral Assessment

This section assesses the extent to which the child/adolescent exhibits behaviors in six behavior areas (aggression, self injurious behaviors, destruction, safety awareness, interfering behaviors and verbal abuse). Using the scale, rate the frequency to which the child exhibits each of these behaviors. Definitions of the six different types of behaviors are provided on the CHAT instrument. The parent/caregiver with the designated service provider rates each behavior on a scale from 0 to 4 (0=Never (does not occur over rating period); 1=Occasionally (occurs 1-2 days per month-sporadic); 2= Sometimes (occurs 1-2 days per week); 3= Most of the Time (occurs 3-5 days per week); 4=All of the time (occurs on a daily basis). *The ratings are based on observed behaviors over the preceding 3-month period.*

Only one rating per behavior is acceptable. The rater circles the appropriate scale number for each behavior listed and then enters the score in the Behavior Rating Score column on the right hand side of the page. The individual behavior ratings are summed to obtain Combined Behavior Total.

(Note: If the Behavior Score is greater than 16, child should be considered for Section 65H – Services.)

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Social Skills Assessment

This section assesses the child's behavior across common social situations, and is not designed to assess for social/recreational needs. Using the scale, rate the frequency in which the child requires external assistance and support to maintain behaviors appropriate to the child's age and developmental level in each of the following settings (public, social, recreational and home). Definitions for each social setting are provided on the CHAT instrument. The parent/caregiver along with the designated service provider rates each social skill area on a 5-point scale from 0-4 (0=Never (does not occur over rating period); 1=Occasionally (occurs 1-2 days per month-sporadic); 2= Sometimes (occurs 1-2 days per week); 3= Most of the Time (occurs 3-5 days per week); 4=All of the Time (occurs on a daily basis). *The ratings are based on observed social skills over the preceding 3-month period.*

Only one rating per social skill area is acceptable. The rater circles the appropriate scale number for each skill area listed and then enters the score in the Social Skills Rating Score column on the right hand side of the page. The individual Social Skill ratings are summed to obtain Combined Social Skills Total.

Life Skills Assessment

This section assesses the extent to which the child/adolescent requires support in five life skills areas. Using the scale, rate the frequency to which the child requires assistance and support (i.e. verbal cues or hand over hand assistance) in the following life skills (toileting, dressing, grooming, eating and independent living skills). Definitions for each life skill are provided on the CHAT instrument. The parent/caregiver along with the designated service provider rates each life skill area on a 5-point scale from 0 to 4 (0=Never (does not occur over rating period); 1=Occasionally (occurs 1-2 days per month-sporadic); 2= Sometimes (occurs 1-2 days per week); 3= Most of the Time (occurs 3-5 days per week); 4=All of the Time (occurs on a daily basis). *The ratings are based on observed life skill behaviors over the preceding 3-month period.*

Only one rating per life skill area is acceptable. The rater circles the appropriate scale number for each skill area listed and then enters the score in the Life Skills Rating Score column on the right hand side of the page. The individual Life Skill ratings are summed to obtain Combined Life Skills Total.

Total Functional Score

A total functional score is obtained by summing each of the three combined scale scores.

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<u>Preparation and Transmission of Screening Data to DHHS CBHS CALOCUS, CHAT and FES Summary Form Descriptive Definitions</u>
Client ID: Unique identifier of child/adolescent being assessed. The 8 character unique identifier is composed of the first letter of the child/adolescent's last name, the first letter of the child/adolescent's first name and date of birth. The unique identification number must be placed in the space provided on each CALOCUS, CHAT & FES Scoring Sheet. For example: Sara Jones who has a birth date of 07/28/92 would be: JS072892
Date Assessed: Date screening tools completed whether initial screening or update;
Service Start Date: Date child/adolescent began receiving Level II case management or Section 24 services
Case Number: Agency assigned case number (<i>If applicable</i>);
MaineCare Number: Child/Adolescent's MaineCare ID number (<i>if not applicable, indicate with N/A or Pending in space provided</i>)
DOB: Child/Adolescent's Date of Birth;
Gender (M/F): Child/Adolescent's gender;
Child's Residence (County): Refers to the county in which the child/adolescent currently resides;
DHHS CBHS Region: Refers to the region where the child is receiving services.
Rater Name & ID#: Name of person completing the Assessment and Rater Identification Number;
Agency/Program Name: Name of agency providing services;
Administration: Refers to the scheduled assessment period in which tools are being completed <u>Baseline or Entry into Services</u> <i>(1st administration)</i> <u>Annually</u> <i>(every 12-months from initial assessment,</i> <u>Exit from Service</u> <i>Other (use only if assessed date occurs outside designated follow-up interval time period)</i> <u>Crisis Services</u> (only use Entry into Service interval)
Service/Program: Refers to the service/program (i.e., MH Case Management; MR Case Management, Crisis Services, Section 65M/65N, Section 24-CHS) the child/adolescent is currently receiving and the program responsible for completing assessments. Age: Refers to the age of child/adolescent receiving services (School age or Birth to 5yrs) Disability Group: Refers to primary diagnostic category (MH, MR, MH/MR, Autism, MR/Developmental Disabilities, Developmental Delays) child/adolescent has been assigned at the time of the assessment. Relationship of Person Completing FES: Refers to family or caregiver (Parent, Guardian, Foster Parent, Other).
Frequency of Transmission:
<p>Copies of completed CALOCUS Scoring Sheet, CHAT Summary Sheet and FES should be mailed to Veronica Dumont (<i>see address below</i>) at the end of every week. Required information may be faxed to the Department if desired. Make sure that individual names are crossed-out on all transmitted copies and use the unique child ID# as described above:</p> <p>Send Forms To: Veronica Dumont DHHS Office of Quality Improvement #40 SHS, Marquardt Bldg. Augusta, ME. 04333 (telephone: 287-4202 or fax: 287-9915) <u>Training inquiries</u> should be directed to Cindy McPherson at 287-4319; Fax: 287-7571</p>